

| POSITION                         | INITIALS  | ID NO. | DATE           |
|----------------------------------|-----------|--------|----------------|
| <b>FEE DETERMINATION</b>         |           |        |                |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>SJ</i> |        | <i>1-18-02</i> |
| <b>FORMALITY REVIEW</b>          |           |        |                |
| <b>RESPONSE FORMALITY REVIEW</b> |           |        |                |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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